## PHYSICIAN'S ORDERS

Inmate Name: GREEN, TYRONE
Inmate Number: EP 4593

1-23-70

Institution: SCI - ALBION

Drug Allergies:

Self-Medication Program ☐ Yes ☐ No

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Case 1:03-cv-00149-SJM-SPB Document 9	1-3 Filed 12/09/2005 Page 4 of 17
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Case 1:03-cv-00149-SJM-SPB Document 91-3 Filed 12/09/2005 Page 6 of 17 PHYSICIAN'S ORDERS Inumate Name: Groce Type Inmate Number EP 4593 1008: 1-23-70 Institution: Albein Drug Allergies: DO NOT USE THIS SHEET Date/ Prob UNLESS A RED NUMBER SHOWS Military Time Susan Martin, LPN Word Dam DR DAVID 84 PLEASE USE BALL POINT PEN ONLY 8.0

Case 1:03-cv-00149-SJM-SPB Docum	ent 91-3 Filed 12/09/2005 Page 9 of 17
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Case 1:03-cv-00149-SJM-SPB 17 of 17 (.) (... Š G) 常 3 Ŕ į. i ia Ž, DIAGNOSIS 25 ÷. 8 24 BOSWELL PHARMACY SERVICES . Ç. 814-629-1397 • Fax: 814-629-7644 Ŋ S Ö N (\*) Ŋ S. <u>왕</u> ç. Ç.V THROUGH Ŕ R 10 | 30 Ç. ۵, ,500 ,7 ţĊ. 11 | 12 | 13 | 14 | 16 | 17 | 18 ĝo e--GHARTING FOR . 9 10 11 12 13 14 15 16 17 Ü <u>(\$</u> (£) ?~ W T ()) (\*\*\* (₹) (<u>;</u>) Ľ. 5 ós. eg. 2 V 4 (\*) POT. 24. (4) (\*) ~~ Ş 20 PE COL ģ~ Ę., <del>ب</del> ĝ \$ Ë C Pa <u>پ</u> MEDICATION ADMINISTRATION RECORD PORTURE NEW AND ALLERGIES Initia HOUR 88 1180 92/00 201 Signature MAKE ONE CAPSULE BY MOUTH X 90 DAYS (TAKE WITH UB FOR: VISTARIL SOMS CAPSUL LINDERLIH, P YDROXYZINE PAM SØMG CAP JB FOR: MOTRIN 8000MG TABLET BAKER, MARK AKE ONE TABLET BY MOUTH HT BEDTIME AS NEEDED X 1 TABLET BY MOUTH BUPROFEN BOOMS TABLET THES DATILY X SO TIMES DAILY WITH HREE TIMES A DAY MEDICATIONS ME AND NUMBER J TVB/TN/LETCA にロッ Kappectate DIV ERALFAIL ARAFATE) CEDED 000<u>:</u>